

The Odds of Recovery

by Su Friedrich

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Please note: The script is made up of three elements: voiceover readings from medical texts and operating room reports in italics; title cards between images, which are shown in bold and centered; and live video of my address (S) in regular type to the camera/viewer as well as conversations I have with hospital receptionists (R), nurses (N), various doctors (BS, NBS, G, E), an acupuncturist (A), a therapist (T), a T'ai Chi Instructor (TCI) and a bookstore clerk (BSC).

*It would take too much space to include every visual cue for scene changes, so I have only included them when it seemed essential, or inserted ***** to indicate a substantial break between texts or scenes.*

Receptionist: What I'm highlightin', ma'am, is just to be filled out, please, so we can get a chart going on you.

S: I don't know where the health proxy chart is...

Nurse: Right there, that's the one in your hand.

S: Well it doesn't...oh, okay

N: Yea, now the one that you have in your hand, that one's gonna go in your chart.

S: Okay.

N: And then there's another copy in the book.

S: Okay, fine.

N: Okay Miss Friedrich, uh...married, single, widowed, divorced?

S: Domestic partner.

N: Okay ma'am, when you're finished, you have to take everything from the top off only including your bra....

THE ODDS OF RECOVERY

S: Uh huh...

by Su Friedrich

N: And you put that gown on...

(Montage of scenes of S changing into hospital gowns, talking to herself and in one case to a doctor. Each scene separated from next by ellipses.)

S: I hate these things...

I have to change again because this hideous thing is not good enough, I have to put on this one....

Like, what the fuck is this? Oh...I thought it was a robe; it's just a towel. Okay....

Acupuncturist: Uhh...if I can get up to here, and I need your knees.

S: Okay, I'll just take off my pants and shirt.

A: I'll be back....

S: Now, open to the back...

Get dressed, get undressed, get dressed, get undressed, eat your lunch, wait, get undressed again, get dressed, I'll talk to her, I'll talk to you, she'll talk to you, I'll talk to her, we'll talk to each other...

I'm sure you're tired of seeing me change, so I'll just do it quickly...Now it's blue.

Sometimes it's pink, sometimes it's blue...She called this a jacket. It has like...you see this?

It has tape so you can make it stick together. See? Jacket!

The spleen is the largest body of lymphoid tissue. About the size of the heart and located on the left side just below the stomach, it is a spongy mass capable of holding as much as a third of a gallon of blood. Like lymph nodes, it filters out disease-causing organisms, generates antibodies, and produces white blood cells.

In its multiple functions, the spleen is undoubtedly a valuable organ, but it is not vital to life. When the spleen is injured, it generally cannot be repaired. This is because the spleen is so soft and spongy, and its covering so thin, that it cannot be stitched up. When the spleen is removed, some of its functions are taken over by the bone marrow and the liver. Other functions are simply absent, and the body does without them.

**I used to say I was
"crooked" because
my left side stuck out.**

**In fact, I had
a 13 pound cyst
on my spleen.**

**Operation
number one:
November 20, 1977,
age 22.**

The linea alba was closed with zero Prolene figure-of-eight stitches and the skin approximated with vertical mattress stitches. The patient tolerated the procedure well. Estimated blood loss was about 500 cc's. The patient was sent to the Recovery Room in a satisfactory condition.

**The scar healed.
Seven years passed.**

The ovaries are the primary female reproductive organs and are analogous in function to the testes of the male reproductive system. The ovaries produce ova, or eggs, that contain a woman's genetic heritage and develop into new life when fertilized by sperm. They discharge ova during ovulation, and secrete the female sex hormones, progesterone, estrogens, and relaxin.

**I had a searing pain
in my lower belly.**

**A doctor told me
I had a
stomach virus.**

**I almost died of
blood poisoning
before another doctor**

**realized it was
a massive abscess
on my ovary.**

For most people, the two most important questions about surgery are: “Am I going to live through the operation? And if I survive, will I be better?” In other words, “What are my chances, doc?”

Your chances are remarkably good. If we could lump all surgical procedures together, your chances of making it through would be considerably better than 95 out of 100. It could be said, however, that for the 5 out of 100 who did not survive, the odds were pretty bad.

**Operation
number two:
July 23, 1985,
age 31.**

**I didn't have
health insurance.**

**And my companion
couldn't fathom
why I put such pictures
in my photo album.**

The final sponge count, needle count and instrument count are reported correct by the nursing staff to the surgeon. The skin edges are reapproximated using skin staples. A clean, sterile dressing is applied. Clear, yellow urine is observed to be draining from the Foley catheter, and the patient is taken to the recovery room in satisfactory condition.

**The scar healed.
Four years passed.**

The pituitary gland, which is controlled by the hypothalamus, has two distinct parts, the anterior and posterior lobes.

The anterior lobe is also called the adenohypophysis. It secretes six important hormones,

including growth hormone, prolactin, and several tropic hormones. Prolactin, or the lactogenic hormone, initiates and maintains milk secretion by the mammary glands.

During menstrual cycles, prolactin inhibiting factor, or PIF, inhibits the release of prolactin. As the levels of estrogens and progesterone fall during the late phase of the menstrual cycle, the secretion of PIF diminishes and the blood level of prolactin rises. Prolactin levels also rise during pregnancy, fall after delivery, and then rise again during breast feeding.

S: Well, the...the...the reason I first found out about the prolactin was because in 1989, during the summer, uhm, I developed this excruciating pain in my left breast; it was like there was a knife in it...and I went to the emergency room and they said, “Oh, you know, you seem to have some kind of infection.” So they put me on antibiotics. And then when I came back to New York, I went to a gynecologist and the only thing that was available was Parlodel, so she put me on that for a while and I went off it because I didn’t like it. So, basically, back then, it was 300.

Breast Surgeon: Wow, hmm...Do they know why the prolactin was so high?

**Normal prolactin levels
range from 3 to 20.**

S: No.

BS: Ok.

S: Nobody knows. I mean, everybody I’ve talked to about it has no idea.

BS: Interesting....(fade out)

**In 1994,
I moved in with
my companion
of many years.**

**And I started learning
how to cook
and to garden
from her.**

**At the time,
I didn't know much
about the effects of
my hormone imbalance.**

**And for lack of
a good drug,
I ignored it.**

**I also had
some distractions.**

A ligament is a band of tough, flexible, dense, white, fibrous connective tissue that connects bones or cartilages, serving to support and strengthen joints. Ligaments are the key stabilizing structures around the knee joint.

The ACL, or anterior cruciate ligament receives the most attention. It courses from the posterior area of lateral femoral notch to the anterior tibial spine by passing by the PCL, which runs in the opposite direction. The ACL keeps the tibia from moving anterior, or frontwards, relative to the femur. It also controls a component of rotation. This is the ligament that is typically injured when a knee is "blown out."

**No strange growths
this time.
I simply went skiing.**

**Number three:
March 29, 1995,
age 41.**

**But delayed
for seven weeks
while I applied
for insurance.**

It is an unfortunate truth that inadequate and inappropriate surgery is performed every day in this country. In just one year, surgeons have operated on the wrong eye, the wrong leg, the wrong side of the brain, and even the wrong patient. Although it's true that such

inexcusable incidents are rare, the fact remains that they do happen and they could happen to you.

**Just before surgery,
my companion wrote
“Not this one!”
on my good knee.**

The knee was irrigated out well with normal saline, as were the wounds. The ileo-tibial band was closed with Vicryl sutures. Skin was closed in running subcuticular Prolene and reinforced with Steri-Strips. The patient was then placed in a knee extension brace and brought to the recovery room in good condition.

**A year passed.
The scars healed.
But I was a wreck.**

Too many operations.

**Too hard
on my companion.**

**Virtually no
sex life.**

**I suspected that
my high prolactin level
was the culprit.**

**But desire,
and the lack of it,
is such a complicated
thing.**

Sex is a way of reinforcing intimacy. When our sexuality is healthy, we often fail to notice how important it is. But when things aren't going well, bad sex may rule our

relationship and indeed cause its demise. Sexual problems are a major reason for divorce, but the chicken-and-egg question is, “Which came first, a bad relationship or bad sex?”

Even in what the statisticians would call “normal” marriages, couples find that sex is disappointing or a downright failure five to ten per cent of the time. That doesn’t mean the marriage is doomed. But there is a point when it’s appropriate to begin to worry.

If you are having problems and they seem more frequent or persistent than in the past, don’t ignore them. Consider going over the next set of questions with your physician.

A Sexual Health Checklist:

- 1. How would you rate your current sexual function on a scale of 1 to 10, with 1 being nonfunctional and 10 being superb?*
- 2. When did you first notice a decrease in your libido?*
- 3. Has the frequency of sex with your partner changed? Does your partner want to have sex more or less frequently than you?*
- 4. When you do have sex with your partner, do you enjoy it? Are you able to reach orgasm?*
- 5. Can you achieve orgasms through masturbation and fantasy?*
- 6. Are you able to feel aroused when you see an erotic movie, read a sexy book or look at pictures of gorgeous men? Or does nothing strike your interest?*
- 7. Have you experienced orgasms in the past?*
- 8. Do you feel it’s taking you longer and there is more work involved to reach orgasm than in the past?*
- 9. Are you and your partner able to talk comfortably about your sexual relationship?*

**Maybe,
and maybe not.**

**My companion
thought it was mostly
emotional.**

**I thought it was mostly
hormonal.**

**But one thing
was certain.**

My regular doctors

**weren't helping me
figure it out.**

Acupuncturist: Maybe, and maybe it's just, you know, the way our medicine is
so...everybody is so overburdened that they can't have the conversations that they...

S: Well, you know, it could also be like, a lesbian thing. I mean she might be a little bit...

A: Uncomfortable....

S: I mean she's straight, she's married...She could be, yeah.

**In 1996,
I started going to
an acupuncturist.**

A: Why do you need a libido?

S: (Laughs)

**My prolactin level
was 146.**

**Down from 300,
aiming for 20.**

**She started me
on Chinese herbs
to lower the prolactin.**

**And suggested t'ai chi
to make me stronger
and calm me down.**

**My companion said,
"Do t'ai chi
or I'm leaving you."**

A: Let me see your tongue.

**The self-help books
call that “tough love.”**

A: Relax it a little...there you go...much better. Okay.

**Why not just call it
love?**

T'ai Chi Instructor: Okay? C'mon, let's go through that again. Step back. Upper torso turns. Twist. Relax your shoulders. Good. Toe. Step down on the heel. Now, watch. Arms go down together, together. You got that? You got that? Step back. Arms go back again. Step. Heel. Lean.

**We took classes
together.
It was hard, and I
was often angry
afterwards.**

TCI: Twist, step in.

**Was that
my “chi” flowing?**

TCI: Step out. Now upper torso turns. No, don't move your leg yet. Sit. Upper torso turns first, turns first. And then you strike.

**The Ten
Important Points
of T'ai Chi**

TCI: That was a little bit different, right? When your hands are right here, that's 50/50. This is the ultimate time to hit. It's like, uh, baseball.

1.

**Light and swift,
with the head
as though suspended
from above.**

TCI: You won't wanna hit over here. It's right in the center.

**2.
Close the chest
and lift the back.**

TCI: So all the strikes are like that and so are the punches. So right here is when you stop using your hand and you start moving your leg, 'cause your leg is stronger, okay?

**3.
Loosen the waist.**

TCI: And your foot, you don't move your heel like this, you push forward.

**4.
Distinguish between
substantial and
insubstantial.**

TCI: You see? You move your heel. It's important.

**5.
Let the shoulders
sink down
and drop the elbows.**

TCI: Sit, sit on this back leg.

Student: 50/50?

TCI: Yea. Well, actually now, it's 70/30. Just sit here. 50/50 is fine. And you face the

opponent. Face here, right here.

**6.
Use mind
and do not use
strength.**

TCI: Now you push off the heel. You don't move your heel. You pivot on the heel. So go like this. Okay, see that, see how you're pivoting your heel? Okay, so you were going like this.

Student: You have to pivot on the heel.

**7.
Upper and lower
follow.**

TCI: Yeah, okay. So let's try that again. Just sit. Right angle.

**8.
Inside and outside
coordinated.**

TCI: Now you twist, face the opponent, sitting, still sitting, and you push, push, push onto the heel.

**9.
Connected
without interruption.**

TCI: Yea. And all the weight goes forward. It's not easy, I mean, but just try to keep that in mind...(fade out)

10.

**Within motion
find quiet;
motion and quiet
become one.**

**One day,
my companion
found a turtle
walking
down the street.**

**She laid an egg
in our garden,
so we named her
Willa.**

**Willa summered
in the garden
and wintered
in a plastic box.**

In the knee, there are primarily two types of cartilage. The most familiar is the meniscus. This type of cartilage is almost rubbery in consistency and able to absorb forces through the knee similar to shock absorbers. There are two menisci. These menisci are vulnerable to two basic types of tears, traumatic and degenerative. Traumatic types are caused by acute twisting injuries at any age, and degenerative tears are those that occur after years of wear with no specific trauma.

**Now it was
the other knee.**

**Was it the tennis
or the African
dance class?**

**Number four:
October 3, 1997,
age 42.**

The joint was irrigated out well with normal saline. The wounds were closed with Steri-Strips. The patient was brought back to the Recovery Room in good condition.

Therapist: It seems, it sounds anyway to me that there's a certain...uhm, perhaps fear of losing control. And I wonder how you frighten yourself with that fear of not being totally in control over what's going on? What would happen to you if you gave that up?

S: I don't...I mean rationally, I know that nothing would happen. It's just one of those really irrational things, uhm...

**One of our roommates
had a white cat
named Alma.**

**At the age of 13,
Alma died of cancer.**

**We planted
a white rose
in her memory.**

**After a tough winter,
the rose died.**

The uterus lies behind the bladder and is the shape and size of an upside-down pear. The wide, upper part of the uterus is known as the body; the lower, narrow neck is called the cervix, and leads into the vagina.

The cavity of the uterus is small and narrow. Its muscular walls have an outside, protective layer called the perimetrium; a middle, thick layer of muscles known as the myometrium; and an inner, vascular lining, the endometrium. Every month, this lining

thickens in preparation for the implantation of a fertilized egg. If the woman does not become pregnant, the unneeded endometrial cells degenerate and the uterus sheds them through the process of menstruation.

**My periods had been
irregular and heavy
for years.**

**It was partly caused by
the high prolactin
and partly by
uterine polyps.**

**The polyps
had to come out.**

**Operation
number five:
September 10, 1998,
age 43.**

The resectoscope was then removed and a gentle curettage was performed with a sharp curet and sent as a separate specimen. The patient was transferred to the Recovery Room in satisfactory condition, having tolerated the procedure well.

**Three years of
acupuncture & herbs
had fortified me.**

**But it had only
lowered my prolactin
from 146 to 119.**

**At that rate,
it would take**

**eleven more years
to get it to normal.**

Book Store Clerk: Hi...

S: Hi. I'm looking for a book called, "I'm Not in the Mood." I don't know the author's name.

BSC: It's a women's...

S: Yeah, it's like women's sexuality and...lack of it. (laughs)

BSC: I do have it. I have that book in, uhm, women's health. Look under...(fade out)

We know very little about androgens in lactating women, but we do know that when we're breast-feeding we produce high levels of prolactin, which stimulates production of milk. But prolactin does more than make milk. It inhibits ovulation, lowers estrogen production and has been shown to depress libido.

Many clinicians, including myself, find it is common for women to report marked loss of sexual interest while breast-feeding. Any condition that causes prolactin levels to rise can stop our periods, cause infertility and diminish our production of male hormone. When a man seeks medical therapy for erectile dysfunction, one of the tests that is routinely performed is a check of his blood prolactin level. Women with menstrual irregularity or secretion of fluid from the breasts should be given the same test and, if their levels are high, the same drug.

**No wonder I cried
for hours on end!**

**No wonder
I rarely wanted
to have sex!**

**I'd spent at least
ten years**

**in a post-partum
condition.**

**Why hadn't
my gynecologists
made this explicit?**

Endocrinologist: That's a...whew! They were serious about surgery in those days, you know?

**Meet Dr. Levine,
my endocrinologist.**

S: Well, it was a thirteen pound cyst. It was kind of big.

E: In the spleen?

S: It was all sort of around it. It was a pretty big one.

E: Oh!...Deep breath...

**The first thing
she asked was,
"How's your libido?"**

E: But actually, you're a great healer. That scar really faded.

**I started taking
a drug called
Dostinex.**

S: How long does it take for those results?

Nurse: Uhm, it should be back by Monday.

S: Okay.

At a cost of

\$2,520 a year.

N: You know where the billing office is? It's by the end of this hall...

S: Somewhere back there, yeah.

N: ...to the right.

S: Okay. Thank you.

**At least I now had
health insurance
at my job.**

S: Sorry, here I am.

Billing Department Clerk: Oh great.

S: Yeah.

BDC: You wanna give me the co-pay?

S: Sure . . . do I? What is it? Ten dollars?

BDC: Ten dollars. Yep.

S: Oh, I thought I had change. Here you go.

BDC: Great. Let me give you a receipt.

S: Okay.

**We'd often have
our morning coffee
under the honeysuckle.**

**And sometimes
we'd talk about
"the sex thing."**

**To distract myself
from the panic,
I'd stare at the plant,
looking for dead tips
to prune.**

S: Okay. And there's also one called...uhm...it's called, "Getting the Love You Want."

Book Store Clerk: Okay, that'll be in Self-Improvement Relationships. The author is Harville Hendrix.

**My sister
recommended
this book.**

S: Okay. Thank you very much.

**I thought
it would be
really corny.**

**And it was
somewhat corny.**

**But it was also
smart
and helpful.**

After many years of working with couples, I realized that the love we are seeking has to come not just from another person within a safe, intimate relationship, but from someone

so similar to our parents that our unconscious mind has them fused.

But how can our partners heal us if they have some of the same negative traits as our caretakers? Aren't they the least likely candidates to soothe our emotional injuries? An answer began to take shape in my mind. It was the only logical conclusion. If people were going to be healed, their partners would have to change. Then, and only then, would they be able to give their partners the consistent nurturing they had been looking for all their lives.

And while it was often true that what one partner needed the most was what the other partner was least able to give, it also happened to be the precise area where that partner needed to grow! In other words, in his efforts to heal his partner, he would be recovering an essential part of himself. The unconscious selection process has brought together two people who can either hurt or heal each other, depending on their willingness to grow and change.

Mammogram Technician: We're gonna start with your right breast. We're gonna bring it up like this.

S: Okay.

MT: Just keep your chin up and to the left. Good. And they also have that little joke on the internet of how to prepare for your mammogram.

S: Oh really? What is it?

MT: Oh, there's a few things. I don't remember them a hundred percent but I'll try. Uhm, one was: Lie down on the cold concrete floor in your driveway and have your husband back over your breast with the car.

S: Right! (laughs)

MT: That was the first one...Take this hand and hold the other breast back for me like that. Keep your chin all the way up. Okay, don't move...one second...don't breathe...Breathe. You okay?

S: Yeah.

MT: Alright.

The breast is a glandular mass interlaced with ducts and supported by a blood supply, a lymph system and fat. A highly developed network of nerves and nerve endings connect the breast's glandular activity with the hormonal fluctuations of the brain, ovaries and adrenals.

The breast is divided into fifteen or twenty lobes of glandular tissue, further subdivided into lobules made of connective tissue in which gland cells are embedded. The secretory cells are arranged in little grape-like clusters called alveoli. Each cluster drains into its own duct, which leads into a small storage space near the nipple and then into the nipple. At the tip of the nipple are fifteen or twenty tiny duct openings. The nipples themselves contain erectile tissue that can be stimulated by breast feeding, by sexual activity, and by cold.

**They saw something
in my ducts.**

**They didn't know
what it was.**

**I dreaded
telling my companion
I needed another
operation.**

In 1992, more than twenty five million Americans underwent surgery. Statistically speaking, your chances of having an operation this year are roughly one in ten.

**Operation
number six:
October 15, 1999,
age 44.**

**But first, the
pre-op testing day.**

Nurse: Okay, ma'am, when you finish you have to take everything from the top off, including your bra.

S: Uh huh.

N: And you put that gown on with the opening towards the front and you're gonna see our doctor here, who's on call...

S: Uh huh.

N: ...our anesthesiologist and the nurse that will draw your blood. Okay?

S: You know, and then they want you to do it from the front but they make it in such a way that there's no way to tie it so that you're not hanging out. It's just all planned humiliation...It doesn't tie at all!...What the...it takes a fuckin' genius! Ah ha! I see. I'll do it so well, they won't be able to get into it, get to me.

(Reads list)

S: Illness or symptoms which you have or have had:

- heart attack or heart failure
 - stroke
 - kidney or bladder problems
 - liver problems or hepatitis
 - high blood pressure
 - diabetes
 - bronchitis
 - asthma
 - black-outs or periods of dizziness
 - pain in your legs with exercise
- (Oh, I do have a little bit of that.)

- ankle swelling
 - shortness of breath with exercise
- (Yep.)
- blood in your sputum

- frequent nausea and vomiting
- temporary weakness of one or more limbs
- burning with urination or frequent urination
- excessive bleeding following minor cuts or dental surgery
- pregnancy
- cancer
- seizure
- epilepsy
- rheumatic fever
- arthritis
- lung problems, for example, pneumonia or emphysema
- chest pains

(Yes.)

- palpitations or irregular heartbeats
- shortness of breath at night
- chronic cough, sputum, phlegm
- black or tarry stools or diarrhea
- temporary loss or blurring of vision
- facial weakness, numbness
- arthritis or joint pains
- back pain
- recent weight loss
- difficulty walking
- Or other

(Other!) (laughs)

S: I'm so angry because that nurse just came in to do the pre-screening and I thought I had set it on to record and I hadn't, so I didn't get any of it. And actually what I wanted to do was record what a bitch I was with her because I'm so angry about how they never keep the charts and never, you know, don't even read them. So you fill out the whole thing and then they come in and say, you know, "Do you smoke?" And it's sitting right there on the chart it says, "Yes."

N: Okay, you may get dressed.

S: Please don't let this doctor make me wait longer. I just can't bear it.

The Yogis have found the following exercise most useful in stimulating the action of the brain for the purpose of producing clear thinking and reasoning. It has a wonderful effect in clearing the brain and nervous system, and those engaged in mental work will find it most useful.

Sit in an erect posture with the spinal column straight and the eyes well to the front. Press the left nostril closed with the thumb and inhale through the right nostril. Then remove the thumb and close the right nostril with the index finger and exhale through the left nostril. Without changing fingers, inhale through the same nostril, the left nostril. Then change fingers, and exhale through the right, and so on, alternating nostrils as above mentioned.

The student must not expect too much at the start, but must make haste slowly and be content to develop as does the flower, from seed to blossom.

S: I really, really, really, really, really don't want to do this. Don't want to go this morning to the hospital and have them put a knife up to my breast and cut it. I think it's gonna hurt and I don't want it to be hurt. I don't want to be changed.

**Every time
I've had surgery,
I thought my companion
was angry at me.**

And she was angry.

**But only because
I didn't believe
that she cared.**

S: Hi. Um, I was supposed to be here at 8:30.

Receptionist: Su? Yeah, they were waiting for you...

S: Yeah, I'm sorry I'm late.

R: Okay.

**This time,
I didn't even let her
come with me.**

R: Okay, can I see your card, please?

S: Yeah.

Sonogram doctor: You know where you're supposed to go from here?

S: Oh, yeah, somewhere on the 7th floor.

SD: We have several people going...So, you're all set!

S: I hate hospitals!

Receptionist: Tell her that Friedrich is here. Su Friedrich. The one she was just looking for.

Nurse: Okay, medical problems? High blood pressure, diabetes...

S: No.

N: ...hepatitis, bronchitis, pneumonia, heart problems?

S: No.

N: None. Okay. Any surgery done before?

S: Lots of surgery, I've written it out for you guys a million times. I wish you had my records because I hate to repeat it....Are you sure you have the right person?

N: Well, you are...you are Susan Duralet, right?

S: No, I'm Su Friedrich.

N: Oh, you see, that's the reason why. That's it. I'm sorry. I am sorry. That's the reason why.

S: Okay.

**We decided
to release Willa
back into the wild.**

N: Okay! All right, that is good, that's good! Let me just get your...

**She didn't like
those winters
in a plastic box.**

N: Okay. Your first name is Su?

S: Yeah.

N: Okay. Now, we're talking . . . polyps . . . uterus . . . You had a splenectomy . . .

S: Oh, so it is all in there!

N: Abscess, ovarian abscess, okay, and a knee surgery.

**We took her
to our friend's farm
in New Jersey.**

N: Okay. Smoke? Drink?

S: Yeah, I smoke.

N: How many packs a day?

S: Uh, one or less.

N: Okay. Social drinker?

S: Yeah.

**She handed Willa over
to a local vet,
who knew what to do.**

N: And you still get your period, Su?

S: Yeah.

N: Okay. When was your last period?

S: It ended about a week ago.

**She said
it might take Willa
more than a year
to re-acclimate.**

N: Okay. And then you are on . . . wait a minute. What is this, post-max?

S: What?

N: What medication are you on?

S: Dostinex.

N: Dostinex. Oh, Dostinex. And last taken, when?

S: Ah, last Friday.

N: Okay. Are you allergic to any medicine?

S: No.

N: Last time you had something to eat or drink? Last night?

S: Yeah.

N: No contact lenses or anything like that?

S: No.

N: Now, uhm, you're scheduled to go at eleven o'clock, okay? Surgery takes about an hour, okay? Recovery usually takes about an hour and a half. They're gonna give you sedation with this which will make you sleepy, you're not gonna feel anything, you're not gonna remember anything sometime. Okay?

S: Uh huh.

N: They take you to the recovery room and they keep you there for about an hour, an hour and fifteen minutes. And then after that, you come back here to change to go home.

S: Okay.

N: And this is where your friend will come and pick you up. Okay?

S: Okay.

The biopsy cavity is then thoroughly irrigated and dried. It is closed at the level of the skin with a running 4-0 PDS subcuticular stitch. The wound is sterilely dressed and the patient, having tolerated the procedure well, is brought to the recovery room in good condition.

S: And it was even worse last night. And they didn't tell me when I left the hospital. They just said, you know, "Oh, here, take some Tylenol and rest for a day. It'll be fine." So I get home and after about three hours, my breast was three times its size, hard as a rock and excruciating painful. And the Tylenol with codeine really didn't do much to

alleviate the pain. And this, I mean, is my experience over and over again: That they really underestimate the amount of pain that you're gonna be going through afterwards, they don't like to give you enough pain killers and then they make you feel like a wimp for wanting them. And you know, it's all pretty scary.

**And it's scary
that I refused
to rest enough
after the surgery.**

**Still a bad patient
after all these years.**

Breast Surgeon: How're you feeling?

S: Uhm, well, I'm okay.

BS: Good. Let me see how it's doing. You lie down. Make your feet comfortable. The results, you got my message?

S: Yes, I did.

BS: Totally benign. Big huge dilated ducts filled with junk. Why? No reason. Just the way you're built. But they're gone now.

S: Uh huh.

BS: It's better to have them out of there. They were really grody.

S: (laughs)

BS: It was sorta...it was like all this yucky brown stuff.

S: It doesn't sound like a medical term.

BS: It's my unofficial term. Let me just peel this off, it won't hurt...That's it. All done. All this, just give it a month, it's all going to go away.

S: It's actually so much better than it was a week ago.

BS: ...than it was a week ago, yeah.

S: I mean, it was like deep red, blue.

BS: It was like blown up like a balloon. Ah, I'm sorry! Poor you! I told you that everything was going to be fine and it got all messed up. But it's all gonna be fine... You bled a few hours after surgery. I don't know why. But there's not going to be any bad consequences.

S: Okay.

BS: Okay, so just keep taking it easy...

S: Uh huh.

BS: ...for about another month or so, just avoid any kind of strenuous exercise...

S: Okay.

BS: ...because it could bleed more. But I don't expect there to be any problem.

S: Okay, thank you.

S: It's been uh...ten or eleven days since I went to the doctor and she said I could take this off seven to ten days afterwards. And it has been very irritated, kind of painful...It still doesn't look very good, but she says I can take it off. I really do want to...Isn't this hideous? I...I...I can't imagine that you wanna look at this. But it has improved. I mean, two weeks ago, the whole thing was this dark. Now only this one part is.

Six days later.

S: You know when I looked at it, I alternate between thinking, "Poor thing," and thinking,

“Ugh, you are so ugly.” And it looked so much worse before but I kind of can’t bear to look at it, and then I think I should look at it and I should think good thoughts about it and wish it to feel better...So anyway, I’m gonna take this thing off and put another one on...Maybe...I don’t know. I think maybe I should keep this covered, it feels very exposed!

**At least
we still had roses
blooming in October.**

S: I just don’t wanna feel like this anymore. I don’t want to go the hospital anymore. I don’t want to have any more surgery. I don’t want to have any more scars. I don’t wanna be black and blue. I don’t wanna be in pain. I don’t wanna take Tylenol with codeine. I don’t want to have my girlfriend worried about me. I don’t want to have her angry at me. I don’t want to even have to ask her to take care of me when these things happen. I really don’t want this ever to happen again. And I said that the last time I had surgery and I was sure that it would be the last time. And now I’m saying it again and I feel like having that happen the last time means that now that I say it again doesn’t mean anything either and a year from now, I’m gonna be standing in this bathroom staring at another part of my body that has a scar on it. And I’m fucking sick and tired of it and I just wanna be healthy and I wanna be whole and I don’t wanna have, you know, scar, scar, scar, scar, scar, scar inside. I just don’t want any more of them.

S: Hi, I’m here to see Doctor Jones.

Receptionist: What is your name?

S: Su Friedrich.

My gynecologist.

R: And you’ve seen her before?

S: Yeah.

Gynecologist: Um, and otherwise, you're feeling okay?

S: Well, yeah, except, I mean, I did have this biopsy, and that turned into a mess.

G: That, I didn't know about.

S: Yeah, it started bleeding, like after doing stretches.

G: You mean, from the incision, you mean?

S: Yeah. I was doing stretches and I got blood all over my t-shirt. So I freaked out and called her and she was in labor or something and I went to see her husband and he ...uhm...the first visit just opened it up a little more so it could bleed and the second time he really went in with, like, saline wash and, like, huge amounts of stuff came out, like old blood.

G: You must have felt better though.

S: Well, it did, 'cause it had been so swollen and painful, you know. But then it kept bleeding and for probably about two weeks, I had to, three times a day, you know, kind of open it up again and try to get some of the blood drain out.

**This was during
Thanksgiving.
I went with
my companion
to visit her brother.**

S: And then finally when I went to him he said, "Well, now it looks like most of the blood has come out and the rest will be absorbed and..."

**Re-opening the wound
three times a day
was unbearable.**

S: ...you know, you can let it close up again."

**I should have asked
that we stay at home
instead of
ruining the holiday
for both of us.**

S: But it was almost two months.

G: Hmm.

S: I mean, it was really upsetting. I did not respond well to that.

Elevator: Third Floor. Going up...Fourth Floor...

HP: Okay, lie on your back with your head on the pillow...I'm just going to place the big cushion underneath your legs and relax. How's that?

S: Fine.

**Women are at risk
for osteoporosis
after menopause
because of
hormonal changes.**

**I'm at risk now
because of
my prolactin level.**

HP: Okay, we're going to start with the spine. Just relax, breathe normally, try not to move and try not to talk, okay?

So now I need

**an annual
bone density test.**

HP: Here we go.

HP: All done. I'll get everything out of your way...

Elevator: Going down...Second floor.

S: Yeah, I ...I, um, I was taking...

Endocrinologist: You were on one a, one a week.

S: Yeah, one a week.

E: And are you still taking that?

S: I, well, yeah, 'cause you had, um, phoned in another prescription...

E: Right. And how is it? Is it better than Parlodel? No side effects?

S: No side effects.

E: Great. Any change in the way that you feel? Any beneficial effects?

S: I think it's helping, yeah.

E: In what way?

S: Well, just in terms of my libido, I think it's definitely making a difference.

E: Yeah, okay.

S: I mean, I'm actually curious...I would like to know what's happening with my levels now because you called after the last blood test and I think it was down to fifty and I just wondered...

E: Okay, here, oh, here we go. So you had a prolactin level of fifty on 9/1/99. And the reason I said you don't have to increase the dose is you had only been on it then about a month.

S: About that.

E: And sometimes with this medication, sometimes you have to stay on it a little bit longer to make sure that, you know, maybe that is a good enough dose to get it down...

S: Uh huh.

E: ...to normal. And then it's a question of, if you feel better, and you're not having any side effects at this dose, is it worth it to increase the dose a little bit to try to get you truly in the normal range to see if you would feel even better?

S: Uh huh.

E: And I think it's worth it, because we could always cut back. So alright, well, I'm glad, you know, the good news is that you're tolerating this medicine. And that really has been my experience, that the way they put it together in the pill, it's long acting and doesn't have much in the way of side effects. So I think it's definitely worth it to continue with it...

S: Yeah.

E: ...if it's not in any way causing anything negative.

S: It doesn't seem like it.

E: No.

S: I mean, it certainly, it doesn't seem to affect my mood. I mean, my moods are pretty

weird anyway. So...but I don't feel like it's doing that at all.

E: Good.

S: But also I had that bone density test...

E: Yes.

S: ...a couple of weeks ago and I didn't...

E: Okay, um, yeah. This is a reason to treat. Because the lumbar spine is where, when you have low estrogen, that's where you lose the bone. And your lumbar spine bone density was a bit osteoporotic.

S: Uh huh.

E: It was lower than we would like it to be ...

S: Uh huh.

E: ...for somebody of your age, basically.

S: Uh huh.

E: And that would go along with this elevated prolactin, which lowers your estrogen a little bit and interfering at the level of the bone. So, it's something that we can follow, something like an objective measurement.

S: Uh huh.

E: So that if you're on this medication through next August, then I would repeat this, and I would expect that you would (A) not have lost more bone and maybe even have improved a little bit...

S: Uh huh.

E: ...which is a good thing.

S: Right.

E: Because the other things are very subjective. You know, like libido and...

S: Right.

E: ...how you feel in general. But this is like something you can, you can actually see...

S: Uh huh.

E: ...a result.

S: Uh huh.

E: But not very quickly, unfortunately.

S: Yeah...Ugh, I don't wanna hear...

E: ...a little bit osteo...What you can do to protect your bones against that is you can certainly at least not go...(fade out)

Take calcium.

Don't smoke.

Don't drink too much.

**Do weight-bearing
exercise.**

**Making shrimp
with coconut curry
also helps.**

S: I do hope this blood test...I do hope this blood test shows that I am making an improvement. I do feel like I am. But I hope it confirms how I'm feeling.

Tai' Chi Instructor: 50/50, even weight, even, even weight, right now, even...more tuck in . . .

And the results?

It's down from 50 to 35.

TCI: Three, drop your hand down. Lean forward. One knee straight, one knee bent.
Concave, tuck in...

**The drug
was working.**

TCI: Raise your hands up, press. One, come back.

**And Master Chu
was a great teacher.**

TCI: Two, push. Bend your wrist. Okay good, now, when you finish the knees should be on top of the toe. That's it. Tuck in. Right now, that's good. Bend your wrist, bend your wrist. Bend, bend, always bend. Right now, it's good. One more time, try it again.

So what was the matter?

TCI: One, upper torso to your right. Two, sit back. Even weight, 50/50. Three, drop your hands down. One knee straight, one knee bent. Four, raise your hands up.

**Fall came and
I didn't take down
the t-shirt.**

TCI: Five, press forward. One, come back. Two, push. Bend your wrist. More tuck in. Okay, one more time, try again. Ready? Upper torso to your right, one. Two, sit

back, 50/50.

**Winter came
and it was still there.**

TCI: Three, drop down, lean forward. Four, press forward. One, come back. Two, push.

**And even during
the spring snows...**

TCI: Okay, try again, just do it a few more times...(fade out)

**I didn't know why
I couldn't take it down.**

And sometimes

I'd get so tired

of all

the good

advice.

If you want better sex, take care of your health. Doing so takes time, effort and commitment and may be our most arduous libido enhancer, but it's cheaper than a lifetime supply of Viagra and well worth it. Let's go through the basics: . . .

Exercise!

Diet!

Vitamins

**and
minerals!**

And?

**Until I started trying
to be healthy,**

**I didn't realize
how invested I was
in being sick.**

**It's when you're sick
that you get
love and attention,
right?**

S: I'm sure you're tired of seeing me change, so I'll just do it quickly.

Breast Surgeon: And how's everything healed up? I haven't seen you in a long time...

S: Well...sometimes my, well, actually both my breasts are really sore.

BS: Uh huh.

S: But sometimes that one is particularly sore.

BS: Uh huh. You know, part of the issue is, having had this big collection of junk in there, and having had the surgery and the wound problem, some of that can cause residual pain that will go away.

S: Uh huh.

BS: But that wouldn't surprise me. But let me just check.

**And my last
mammogram
had raised
some questions.**

BS: Right, I think this is what she felt. It's probably a cyst.

S: A cyst...

BS: Yeah. I think it's all gonna be fine, I think it's all benign but, for some reason, whether it's hormonally...you're not on any hormone or...?

S: Well, I'm taking Dostinex...

BS: Uh huh.

S: ...because of my prolactin. I...did we ever talk about that?

**I already
told her
all of this.**

BS: No, yeah. No...

S: Okay.

BS: Yeah...

S: Okay, well I had had a really high prolactin level and, um . . .

BS: Do they know why?

S: No.

BS: I wonder if that's related to why you had this problem in your breast.

?

BS: I, I, I never put that together, because the stuff that was in there was almost like a collection of insipissated milk.

S: Hmm...

BS: Maybe it *is* related...

S: Right.

BS: Give me two seconds. I'll be right back and we'll set you up for a mammogram and sonogram to...

**Time to get
a new
doctor?**

BS: ...try to evaluate what these little lumps are.

S: Okay.

BS: Okay, and, um, that medication, I don't know if it could be making your breasts lumpy. But it could be!

S: Uh huh, right.

BS: I'll be right back.

S: Okay...Well, if it's making my breasts lumpy, I'm not gonna stop taking it, because I'd rather have lumpy breasts and a good sex life than lumpless ones.

(Mockingbirds chirping)

A mockingbird

started visiting us.

**But we missed
having Willa
in the garden.**

**I called the vet
to get an update.**

**She'd been
safely released,
along with a
male turtle.**

**Happy trails,
Willa.**

New Breast Surgeon: So how are things?

S: Fine.

NBS: Have you had a new film...?

S: Yeah. I just had it...

NBS: You had it today?

S: ...since 9:30 this morning. Yeah.

NBS: Oh, good.

**I found
a new doctor
and had my annual
mammogram.**

S: Yeah. And she was seeing some ducts that seemed to have something in them.

NBS: Really?

S: And um...yeah.

NBS: Hi. It's fine.

S: It's fine?

NBS: Yeah. She'd like to see your old right films for comparison, but that's it. I mean, you had dilated ducts and you had it on both sides, a *lot* . . .

S: And what does that mean for...?

NBS: Well, if you took 'em out and you looked at them under a microscope, a pathologist would probably call it duct ectasia...

S: Uh huh.

NBS: ...which is basically, um, it's scarring, uh, in different parts of the duct, causing it to be irregularly dilated and then narrowed.

S: Uh huh.

NBS: And that's all it is.

S: And...

NBS: And don't do anything about it.

S: It doesn't need anything done to it?

NBS: No. I mean, you may, you know, if it start to look worrisome on sonography, then you may end up with a biopsy later on. But now it doesn't need to be investigated because you're asymptomatic and it doesn't look worrisome.

S: Okay, good.

NBS: Alright?

S: Good. Thank you.

(Olu Dara song)

**I'll gladly not worry
about that for now.**

**And let life at home
ease up more.**

**Considering
what my companion
has gone through,**

**I'm amazed
that she's still here.**

And very grateful.

S: Well, I'm here to see Dr. Levine for a checkup for my prolactin levels and, uh, I don't know what they are, I mean, I think they were down to about twenty-five and I've been taking this stuff two times a week and I think they must be good. Um...I certainly feel better.

**What a relief
to have my body**

back.

**And a pleasure,
for both of us.**

Endocrinologist: So you're still on the Dostinex?

S: Yeah.

E: Okay, two tablets a week.

S: Yeah.

E: How old are you now, Su?

S: Um...oh, forty-six? Am I forty-six or am I forty-five?

E: I don't know, when's your birthday?

S: December. I was born in '54.

E: December '54. So you're...

S: So in December 2000, I would turn forty-six.

E: You're still forty-five.

S: Okay. (laughs) Forty-five and I'm senile.

E: I'm trying to remember how long you've been on this.

S: I think I started last August.

E: Right, so this about a year.

S: Right.

E: Okay. How are the breasts now?

S: They just get super sore before my period. I mean, more sore than I remember them ever being before, um...

E: Dostinex could be responsible for that. Not a direct effect of the drug but just restoring you to what...

S: Huh.

E: ...is like a really bona fide period. So it's a negative aspect of being more normal.

S: Right. (laughs)

E: Okay? Your bone density was improved.

S: Uh huh.

E: Spine had gone up three percent per year. The hip was unchanged, but I think your hip wasn't bad to begin with.

S: Right.

E: So that's good!

S: Uh huh.

E: That's something that we can point to, something objective, like, we helped something, besides just giving you breast pain before your period.

S: (Laughs) And now the other thing is that I...I think I was already going to this, um, nutritionist the last time I came here, I can't remember. And she's, you know, she has told me to take the normal things. But she also has given me progesterone gel, um . . .

E: Now that may increase those symptoms. See, when you ovulate, estrogen levels then

continue to rise and the...sort of the egg shell where the egg came out of makes progesterone.

S: Uh huh.

E: And most of the pre-menstrual symptoms are from very high levels of progesterone.

S: Uh huh.

E: So now you probably have your own egg shell making progesterone...

S: Uh huh.

E: ...plus, you're putting on the gels, so...

S: So maybe next month I won't do it and I'll see if the breasts...

E: Yeah, see how you feel.

S: ...if my breasts are as sore.

E: See how you feel. That's how I would do it. I mean, I don't think it's anything bad, but if you think about it, it's sort of adding to what your body is already doing.

S: Uh hm . . .

E: We usually start doing that when women are truly going through the perimenopause, like you know, the periods are starting to get weird and irregular and this kind of thing. If anything, yours got less weird.

S: Right (laughs).

E: You know, so...I mean, you look good, and it sounds like a return to normalcy.

S: Uh huh.

E: Although again, you know, the average age of menopause in the United States,

forgetting about the prolactin problem...

Oh, not menopause...

E: ...is forty-five to fifty-six. But menopause is a process that begins well before you actually lose your last period. And so, you know, there may be some changes that we can no longer blame on prolactin.

S: Hmm . . .

E: You know, sort of hormonal type changes. Umm...

S: Which seems like so crazy that I finally get over this...

E: Right, you finally get...But by history, by what you're telling me, you don't sound terribly perimenopausal . . .

S: Uh huh.

E: ...to tell you the truth.

Start with good soil.

E: So, but I think you have some time.

S: And um, what, like, I mean, what are the first symptoms of menopause?

**Add vermiculite
to allow air flow.**

E: Um, some women have no symptoms. And then there are other women who begin with sleep disturbance...

**Add peat moss
to retain moisture.**

S: Uh hm.

E: ...hot flashes, you know, the classic: hot flashes, sweats...

S: Uh huh.

**And manure
to fertilize.**

E: Mainly these kinds of, what we call these vaso-motor symptoms . . .

Mix the soil well.

E: ...like these episodes of just getting hot and flushing.

S: Uh hm. But it's not like your period gets less and less?

**Put in pot shards
to improve drainage,
then add soil.**

E: Usually, there's a change...

S: Uh huh.

E: ...in that sometimes a cycle gets shorter or bleeding gets much lighter.

S: Uh huh.

E: But sometimes women will have that change...

**Choose the
healthiest seedlings
for transplanting.**

E: ...and then spontaneously they'll get back on track for another six months to a year. So it's really a process which we're now studying called the perimenopause. Nobody quite knows what to do about it except that if women become symptomatic and start to have weird periods, sometimes we put them on...(fade out)

Tamp the soil firmly.

**Weed all but one
from
the seedling pot.**

Water.

**In fact,
give them
a good soaking.**

**Then stand back
and watch them
grow.**

**But don't forget
to keep feeding
and watering them.**

(Interspersed with scenes of the embroidery, the tail credits appear.)

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